
The Medical Clinic Guide to Agentic AI

From an overloaded front desk to a digital receptionist that answers every call, books the appointment and knows exactly where the clinical line sits.

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AI voice agents & digital workers

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FOREWORD

The pressure has moved to the front desk.

Around nine in ten Australians see a general practitioner (GP) every year. In the most recent year measured, GPs saw roughly twenty-two and a half million Australians and delivered more than one hundred and seventy million services, making them the most commonly used part of the health system.¹ Almost every one of those encounters begins the same way: with a phone call. Behind each one is a receptionist holding three lines at once, a waiting room that needs eyes on it, and a doctor who is already running late.

Most clinics are not short of demand. They are short of capacity at the one point where demand arrives: the phone and the front desk. Calls ring out at lunchtime. Patients give up on hold and try the practice down the road. Recalls slip. Reminders do not go out, and the gap in tomorrow's book turns into a no-show. None of it shows up on a profit and loss statement, which is exactly why it goes unaddressed for years.

This guide is about a specific, practical answer to that problem: an agentic artificial intelligence (AI) voice agent that works the phones and the routine administration around them, so your people can do the parts of the job that actually need a human. It is written for practice managers, principal GPs, dentists and allied health owners who want to understand what this technology does, what it must never do, and how to put it to work without compromising patient care or breaching the rules that govern health information in this country.

We have tried to be honest throughout. There is a clear line we will keep coming back to, the line between handling an enquiry and practising medicine, and a good deal of this guide is spent making sure the technology stays firmly on the right side of it.

Brad Riley

CEO, Agntic.ai

1. Royal Australian College of General Practitioners (RACGP), General Practice: Health of the Nation 2025. The RACGP reports GPs saw around 22.6 million patients and delivered more than 172 million services in the year measured.

— WHAT IS INSIDE

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Agentic AI, in plain language

Before the benefits, the basics. What a digital worker is, why it is different from the chatbots you have already met, and the single boundary that makes it safe to use in a clinic.



THE IDEA

A worker, not a chatbot.

You have used generative AI already. You type a question, it writes you an answer, and the conversation ends there. It is a clever tool, but it waits for you and does nothing on its own.

Agentic AI is the next step. An **agent** does not just talk. It is given a goal, a set of rules and access to the tools it needs, and it carries the task through from start to finish. For a clinic, the goal is usually simple to state: answer the call, understand what the patient needs, and complete the booking or the request, the same way a capable receptionist would.

That is why we call it a **digital worker** rather than a chatbot. It speaks naturally on the phone, it listens, it asks the follow-up questions your team would ask, and then it acts: it finds the right appointment in your practice management system, books it, confirms it, and sends the reminder. When something falls outside its rules, it hands over to a human.

A chatbot answers. A digital worker finishes the job, then knows when to step back.

The difference matters most after hours and at the busy hours of the day. A chatbot on your website might capture a message. A digital receptionist actually picks up the phone at 7am, at lunchtime and at 9pm, holds a real conversation, and leaves a confirmed appointment in the book by morning.

None of this replaces your team. It removes the repetitive, interruptive work that stops your team from doing the parts of reception that genuinely need a person: reading the room, calming an anxious patient, handling the complex or the sensitive.

THE ONE RULE

What it must never do.

A digital receptionist in a clinic is built around a boundary that does not exist in most other businesses. It handles the administration around care. It does not, under any circumstances, practise medicine.

That means it does not assess symptoms, it does not decide how urgent something is, it does not diagnose, and it does not give clinical advice. If a caller starts describing a medical problem, the agent's job is not to interpret it. Its job is to recognise the situation, take the booking or the message, and where there is any sign of urgency, to direct the caller to the right human help straight away.

THE LINE, IN ONE SENTENCE

The agent handles enquiries and bookings. Clinical judgement always belongs to a person. If a caller may be in danger, the agent is built to say so plainly and direct them to call triple zero (000) or attend an emergency department, and to escalate to your team. It never tries to assess the emergency itself.

This is not a limitation we apologise for. It is the design. A clinic that adopts this technology should be able to say, hand on heart, that no patient was ever triaged, advised or assessed by a machine. Everything in the rest of this guide is built on top of that promise, and Section Five sets out exactly how it is enforced.

A day at the front desk

The cost of an overloaded reception does not appear on any report. It shows up as a tired team, a half-empty afternoon and a patient who quietly went elsewhere. Here is the day as your reception staff actually live it.



— MARIA'S TUESDAY · A BUSY GENERAL PRACTICE

Three lines, two hands, one room to watch.

Maria runs reception at a five-GP clinic. Nothing here is unusual. That is the point.

MORNING

- 8:02 **Doors open, phones already lit.** Six calls in the first ten minutes. Maria answers what she can while logging in three patients standing at the desk.
-
- 8:40 **Two callers give up on hold. One was rebooking a cancelled review. One was a new patient. Neither leaves a message.**
-
- 10:15 **Results call.** A patient rings asking about a test result. Maria cannot discuss it and books them in to see the doctor, which is correct, but it takes seven minutes to do gently.
-
- 12:30 **Lunch. The desk is covered by one person. Eleven calls come in over the hour. Four are answered.**

AFTERNOON

- 2:00 **Recalls.** Maria meant to start phoning patients overdue for care plans this morning. She has not had a clear ten minutes. The list rolls to tomorrow, again.
-
- 4:30 **Tomorrow's reminders were supposed to go out today. They half went out.**
-
- 6:05 **Phones to message bank. From now until 8am, every caller hears a recording. Some will ring the clinic down the road, the one that picked up.**

THE INVISIBLE COST

None of it was anyone's fault.

Maria is good at her job. The clinic is well run. And yet by the end of the day a handful of bookings never happened, the recall list did not move, and a slice of tomorrow's schedule is quietly at risk because the reminders went out late.

This is the trap of front-desk work. The losses are real but invisible. A missed call is not recorded as a missed call; it is simply a call that never reaches a person. An overdue recall does not announce itself; it just sits on a list. A no-show looks like one empty chair, not like the chain of small omissions that led to it.

Because nobody can see the cost, nobody can justify hiring against it, and the team is asked to absorb a little more each year. The work that gets dropped is always the same work: the calls at the edges of the day, the patient outreach, the gentle follow-up. The work, in other words, that a digital receptionist is built to pick up.

The rest of this guide is about handing that specific layer of work to an agent, so the next Tuesday looks different: every call answered, the recall list worked through, every reminder sent, and Maria free to do the human part of her job properly.

The five jobs a digital receptionist does best

Not everything should be automated, and a good deal of reception never will be. These five jobs are where an AI voice agent is genuinely strong, and where clinics see the change first.



— WHERE IT EARNS ITS PLACE

Five jobs, done properly, every time.

JOB 01**ANSWERED**

Answering the phone and the overflow

Every call picked up on the first ring, at every hour, including the lunchtime spike and after close. No hold queue, no message bank, no caller lost to the clinic down the road.

JOB 02**BOOKED**

Booking, rescheduling and cancelling

The agent finds the right appointment type and length, offers real times from your live book, and writes the booking straight into your practice management system. It handles changes and cancellations the same way.

JOB 03**FOLLOWED UP**

Recalls and reminders

Overdue care plans, health assessments and reviews, worked through patiently by phone, and tomorrow's reminders sent without fail. The slow, repetitive outreach that always gets dropped first.

JOB 04**HANDLED**

Billing, Medicare and account enquiries

Routine questions about fees, gap payments, bulk billing eligibility and account balances, answered from your own policies, with anything unusual passed to a person.

JOB 05**CAPTURED**

New-patient intake and form completion

The agent welcomes new patients, captures the details your team needs before the first visit, and guides them through registration and intake forms by phone, so the appointment starts on time with the paperwork already done. Sensitive information is collected only with clear consent and stored to your clinic's privacy rules.

 WHY THESE FIVE

High volume, low judgement, high impact.

The jobs worth handing over share a shape. They happen often, they follow rules you already have, and getting them wrong costs you patients. That is precisely the shape an agent handles well, and where a person is wasted.

~9 in 10

Australians see a GP each year, so for most clinics the constraint is answering demand, not finding it.

RACGP HEALTH OF THE NATION
2025

172m+

GP services delivered to around 22.6 million Australians in the year measured, almost all beginning with a phone call.

RACGP HEALTH OF THE NATION
2025

~13%

of booked general-practice appointments are missed across the international evidence, the kind of gap timely reminders are built to close.

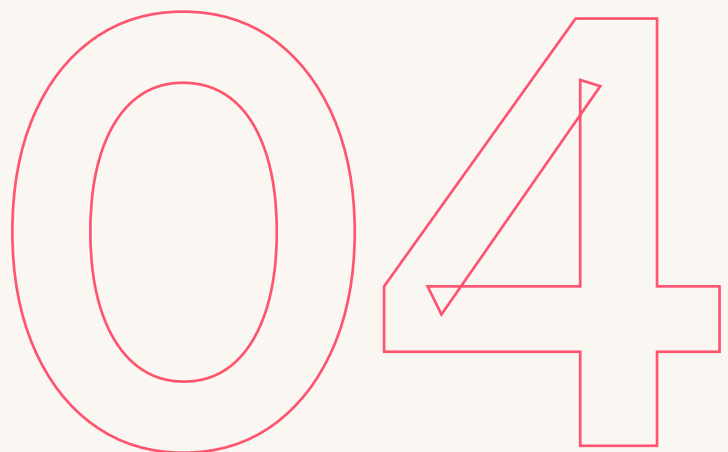
PRATT ET AL., BR J GEN PRACT 2021

Read those numbers together and the case is straightforward. Demand is not the problem. The problem is the narrow set of moments where a patient tries to reach you and cannot, or where a booked patient is not reminded in time. Hand those moments to an agent and you keep the work you were already winning.

Sources: RACGP, General Practice: Health of the Nation 2025. Pratt R et al., "Which patients miss appointments with general practice and the reasons why," British Journal of General Practice, 2021 (median missed-appointment rate 12.9%, mean 15.2% across general-practice studies; Australian-specific primary-care data is limited).

What a ringing-out phone really costs

A missed call feels like nothing. A handful of them, every day, for a year, is a different story. Here are the four quiet leaks, and what they add up to.



— THE LEAKS LEDGER

Four leaks, one total.

The weekly figures below are illustrative drivers for a four-GP clinic, not a quote. Every clinic's numbers differ. The value of laying them out is that the leaks stop being invisible.

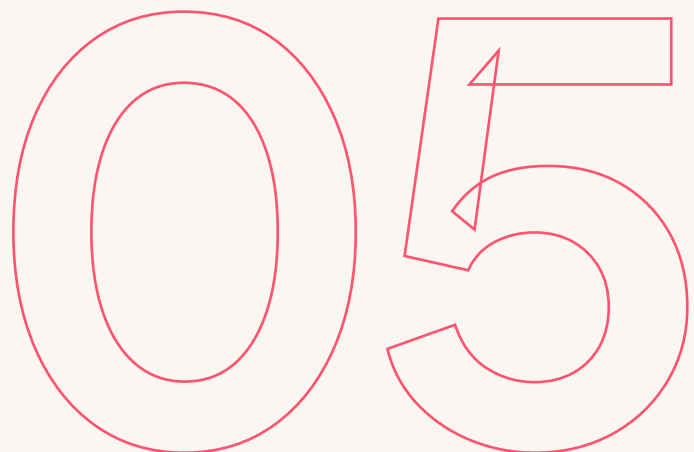
<p>Calls that ring out ~20 a week unanswered at the lunchtime peak and across the day; about 6 in 10 were patients ready to book (\$80 each).</p>	\$960 /wk
<p>Callers who give up on hold ~10 a week who leave no message. New patients in this group simply try the next clinic.</p>	\$480 /wk
<p>After-hours enquiries ~10 a week hit a recording between close and open; the motivated ones book elsewhere overnight.</p>	\$400 /wk
<p>No-shows from missed reminders Around 1 in 8 booked appointments is missed; reliable reminders recover ~14 chairs a week.</p>	\$1,120 /wk
The combined leak	\$2,960 /wk

That is roughly \$142,000 a year leaking quietly through four holes, none of which shows up on an invoice. You do not need these exact numbers to act; even at half the assumptions the annual cost dwarfs the price of closing it. A digital receptionist addresses all four at once: it answers the calls that ring out, it removes the hold queue, it works after hours, and it sends every reminder. Section Eight builds the full model with your own numbers.

No-show figure: Pratt R et al., British Journal of General Practice, 2021 (median 12.9%, mean 15.2% across general-practice studies).

Privacy, safety and the line you never cross

This is the section that matters most in healthcare and the one most guides skip. How health information is protected, how consent works, and exactly how the agent is kept on the right side of the clinical line.



HEALTH INFORMATION IS SPECIAL

Treated as sensitive, by law.

In Australia, health information sits in a protected category. Under the Privacy Act 1988 (Commonwealth) and the thirteen Australian Privacy Principles (APPs) that flow from it, it is classed as **sensitive information**, which carries a higher standard of consent, handling and security than ordinary personal details. Health information is consistently the most common type of sensitive information caught up in reportable data breaches, so the bar here is not theoretical.²

That framework has just been strengthened. The Privacy and Other Legislation Amendment Act 2024 began the most significant overhaul of the Act in its history, introducing a statutory right for individuals to sue for serious invasions of privacy and, from 10 December 2026, a requirement to tell people in your privacy policy when decisions affecting them are made by substantially automated means. A clinic using an AI agent should plan for that disclosure now rather than scramble for it later.

A digital receptionist has to be built to that standard, not retrofitted to it. Information is collected only for the purpose the patient is contacting you about, and only with their clear knowledge and consent. The agent tells callers, plainly, that they are speaking with an automated assistant. Recordings and transcripts are handled under your clinic's own privacy policy, with access limited to the people who need it.

Patients should never have to wonder who, or what, they are talking to, or where their information goes.

Data stays inside boundaries you control. For Australian clinics that usually means data held in Australian data centres, encrypted in transit and at rest, with a clear record of what was collected and why. Every interaction leaves an audit trail, so you can answer the question every practice manager eventually faces: what exactly was said, and what was done with it.

The agent integrates with your practice management system through controlled, permissioned access. It can see and write the things you allow it to, the appointment book, the contact details, and nothing beyond that. It is not given the run of the clinical record.

2. Office of the Australian Information Commissioner (OAIC), Notifiable Data Breaches reporting; health remains the most frequently reported sector. Reform detail: Privacy and Other Legislation Amendment Act 2024 (Cth), Attorney-General's Department.

THE CLINICAL BOUNDARY, ENFORCED

How the line is held.

Section One set the rule: the agent handles administration, never clinical judgement. This is how that rule is enforced in the way the agent is actually built.

THE AGENT WILL

- + Take bookings, changes and cancellations against your rules

- + Send reminders, recalls and routine confirmations

- + Answer policy questions: hours, fees, billing, location

- + Recognise urgency cues and direct callers to triple zero (000) or your team without delay

- + Hand over to a human whenever a caller asks, or whenever the conversation leaves its rules

THE AGENT WILL NOT

- Assess symptoms or decide how urgent a problem is

- Diagnose, or offer any clinical or medication advice

- Disclose test results, ever, by any channel

- Interpret what a patient describes about their health

- Make a judgement that belongs to a clinician

HUMAN IN THE LOOP

A person is never removed from care. The agent is a layer in front of routine administration, with clear escalation paths back to your team and a standing instruction to hand over the moment a conversation needs human judgement. You set the rules; the agent keeps to them; you can see everything it did.

GOVERNANCE YOU CAN SHOW

Built to be inspected.

Healthcare runs on accountability, and a digital receptionist should add to it, not subtract from it. Because every interaction is logged, you have a clearer record of front-desk activity than most clinics keep today, when a phone call leaves no trace at all.

That record supports the obligations your clinic already meets: your privacy policy and consent practices, your handling of sensitive information under the APPs, and the patient-communication and record-keeping expectations set out in the accreditation standards you work to, such as the RACGP Standards for general practices for GP clinics. The agent operates inside those frameworks rather than around them.

It also makes review simple. You can listen back, read transcripts, and adjust the agent's rules in plain language. If you decide it should never discuss a particular topic, or should always escalate a particular kind of call, that change is made once and applied to every call from then on. Consistency, in other words, becomes a setting rather than a hope.

This guide is general information, not legal or clinical advice. Before you go live, your own privacy obligations and accreditation requirements should be confirmed with the appropriate adviser. What the technology gives you is a front desk that is easier to govern, not harder.

Under the bonnet

You do not need to be technical to use this, but it helps to know what is happening when the phone rings. Here is the whole thing, in six parts.



HOW IT WORKS

Six parts, one conversation.

PART 01

It picks up and listens

The agent answers in a natural voice, on the first ring, and tells the caller they are speaking with your clinic's automated assistant. It understands ordinary speech, accents and interruptions.

PART 03

It writes to your system

It connects to your practice management or booking software through permissioned access, reads live availability, and writes the confirmed booking straight in. No double entry.

PART 05

It works after hours

Evenings, weekends and the lunchtime gap are covered without extra rostering. The book that greets your team in the morning is already filled.

PART 02

It follows your rules

Appointment types and lengths, which doctor sees what, billing policy, opening hours: it works from the rules you set, in plain language, not from guesses.

PART 04

It escalates cleanly

When a call needs a person, or shows any sign of urgency, it hands over to your team or directs the caller to triple zero (000). It never tries to manage a clinical situation itself.

PART 06

It reports back

Every call is logged, transcribed and summarised. You see volumes, outcomes and anything escalated, and you tune the rules from there.

Before you switch it on

You can stand up a working agent quickly. The clinics that get the most from it spend a little time first, getting the groundwork right. Here is what to map across two weeks.



— THE GROUNDWORK

An hour of mapping saves a month of patching.

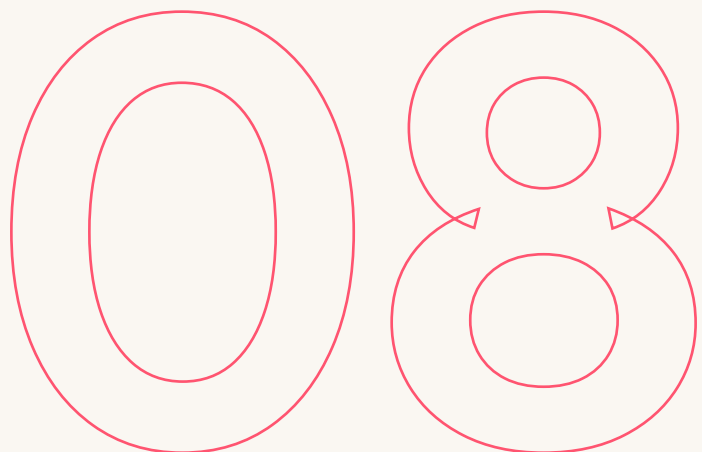
Getting an agent live is fast. The difference between a good launch and a frustrating one is whether you have written down the things your reception team currently hold in their heads. Work through this list before you go live.

- Your top ten reasons patients call, in order
- Appointment types, lengths and which clinician takes them
- Your booking rules: new vs existing, double bookings, buffers
- Billing and bulk-billing policy, plain enough to read aloud
- What must always go to a human, and to whom
- Your urgency cues and the exact words for escalation
- The recall lists you want worked, and how often
- Your reminder timing and message wording
- Consent wording for collecting patient information
- Who owns the agent's rules and reviews its reports

This is a fortnight of light work, not a project. Most of it is writing down decisions you have already made informally. Once it is on paper, the agent can be configured to match exactly how your clinic already runs, which is the whole point: it should sound and behave like your practice, on its best day.

Building the business case

An illustrative model, not a promise. Plug in your own numbers and the shape of the return tends to hold: it pays for itself on captured bookings alone, before you count the hours.



— AN ILLUSTRATIVE MODEL

Where the return comes from.

A worked example to show the mechanism, not a quote. The numbers are illustrative and rounded; replace them with your own. The point is that the three returns stack, and the first one usually covers the cost by itself.

THE SCENARIO · A FOUR-GP CLINIC

Takes roughly 250 calls a week and misses about 30, mostly at the lunchtime peak and after hours. Around 6 in 10 of those missed calls were a patient trying to book. Average value of a booked appointment, conservatively, \$80. The clinic runs at about a 13% no-show rate on 700 booked appointments a week.

Where the return comes from	Illustrative annual figure
Captured bookings 30 missed calls/wk × 60% who wanted to book × \$80 × 48 weeks. The biggest line, and after-hours calls alone often cover the fee.	\$69,000
Reduced no-shows Reliable reminders trimming the no-show rate from ~13% toward ~11% on 700 bookings/wk recovers ~14 chairs/wk × \$80 × 48 weeks.	\$54,000
Reception hours returned About 8 hours/wk no longer spent on repetitive calls and reminder chasing, at a \$40 fully-loaded rate × 48 weeks. Capacity, not cash, but real.	\$15,000
Cost of the agent Indicative annual platform cost for a clinic of this size, plus the groundwork time in your first fortnight.	(\$12,000)
Net illustrative return Recovered revenue and returned hours, less the cost of running it.	\$126,000

Read it conservatively and the case still holds. Halve every assumption and the model clears the cost of the agent several times over, on captured bookings alone, before the returned hours and the better patient experience are counted. We will build this with your real numbers in a short call rather than ask you to take a generic figure on faith.

What you don't need

Some of what holds clinics back is not cost or risk, but a set of assumptions that are simply not true. Here are the ones worth retiring before you start.



— MYTHS WORTH RETIRING

Less than you think.

YOU DON'T NEED

- To replace your reception team. The agent takes the repetitive layer, not the people

- To rip out your practice management system. It connects to what you already run

- To be technical. The rules are written and changed in plain language

- A long IT project. A working agent is a matter of days, not quarters

- To let it near clinical decisions. By design, it never goes there

YOU DO NEED

- + A clear picture of why patients call, and your booking rules

- + Agreement on what always goes to a human

- + Your privacy and consent wording confirmed

- + One owner inside the clinic who watches the reports

- + A willingness to start with one job and grow from there

The honest summary is that the barrier is smaller than the reputation of "AI in healthcare" suggests. You are not rebuilding your clinic. You are adding a reliable, well-governed layer to the front desk and keeping a firm hand on what it is allowed to do.

In practice

Three composite clinics, drawn from the kinds of deployments this technology suits. The names are illustrative; the situations are not.



COMPOSITE CASE STUDIES

What changed, and how fast.

COMPOSITE · GENERAL PRACTICE

A five-GP suburban clinic

High call volume, lunchtime drop-offs, recalls always behind.

0

calls to message bank after going live, day or night

The lunchtime gap, closed.

The clinic's worst hour was the middle of the day, when one person covered the desk and most calls went unanswered. The agent now picks up every call at the peak and after close, and books straight into the practice management system.

Within the first fortnight the recall list, which had been rolling over for months, was worked through by the agent in the quiet hours, and the team noticed the morning book arriving fuller.

COMPOSITE · DENTAL

A two-chair dental practice

No after-hours cover; new-patient enquiries lost overnight.

After hours

new-patient bookings now captured instead of lost

The overnight enquiry, kept.

Most new-patient calls came in the evening, when the practice was closed and the caller was choosing between three local options. The agent now answers, explains fees and books the first visit, so the practice wakes up to confirmed appointments rather than a silent message bank.

COMPOSITE · ALLIED
HEALTH

A multi-site allied health group

Physio, podiatry and dietetics across three locations, one shared phone line.

3→1

sites, one consistent front desk, every call answered the same way

One front desk for three sites.

Calls bounced between locations and were handled differently at each. The agent gave the group a single, consistent front desk: it routes to the right service and site, books against each clinician's availability, and applies the same billing and consent wording everywhere.

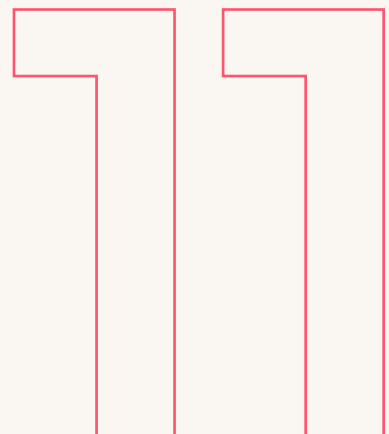
Reception staff at all three sites were freed from the phones during clinic hours, and the group could finally see, in one place, how many calls came in and what happened to them.

A NOTE ON THESE EXAMPLES

These are composites built to illustrate common patterns, not named clients. Your clinic's results depend on your call volume, your booking rules and how you choose to use the agent. We are happy to talk through a realistic picture for your specific practice.

Questions clinics ask

The questions that come up in almost every first conversation, with straight answers.



FREQUENTLY ASKED

The honest answers.

Will patients know they are talking to an AI?

Yes, always. The agent tells callers plainly that they are speaking with your clinic's automated assistant. Transparency is a requirement, not an option, and patients can ask for a person at any time.

Can it give medical advice or tell someone how urgent their problem is?

No. It does not assess symptoms, triage, diagnose or advise, by design. If a caller raises something clinical or urgent, it directs them to triple zero (000) or your team and escalates. The whole guide is built on that boundary.

Does it work with our practice management system?

It connects to common clinical and booking systems through permissioned access, reading live availability and writing confirmed bookings. We confirm compatibility with your specific system before you commit to anything.

Where does our patient data go?

It is handled under your clinic's privacy policy and the Australian Privacy Principles, treated as sensitive information, encrypted, and held within boundaries you control, which for Australian clinics typically means Australian data centres. Every interaction is logged.

Will it replace our reception staff?

No. It takes the repetitive, interruptive layer of the work so your team can focus on the patients in front of them and the calls that need a human. Clinics generally redeploy their people rather than reduce them.

What happens when a call is complicated or upsetting?

It hands over. The agent is built to recognise when a conversation has left its rules or needs human judgement, and to escalate cleanly to your team. You decide in advance which situations always go to a person.

How long until it is live?

Days, not quarters. The groundwork in Section Seven is the main task, and most of it is writing down how your clinic already runs. After that, configuration and testing are quick.

Can it handle our recalls and reminders too?

Yes, and this is often where clinics feel the change first. The slow outreach that always gets dropped, overdue recalls and tomorrow's reminders, is exactly the work an agent does patiently and without fail.

What if we want to change how it behaves?

You change the rules in plain language and the change applies to every call from then on. Consistency becomes a setting. You can also listen back and read transcripts whenever you like.

Your first seven days

A short, concrete path from reading this guide to a live agent answering your phones. Three steps, one week.



FROM HERE TO LIVE

Start with one job. Grow from there.

DAYS 1-2**Map the basics**

Work through the Section Seven checklist. Pin down your top call reasons, booking rules, escalation points and consent wording. This is the real work.

DAYS 3-5**Configure and test**

We set the agent up to match your rules, connect it to your booking system in a controlled way, and test it together against real call scenarios until it sounds like your clinic.

DAYS 6-7**Go live on one job**

Start with a single job, often after-hours calls or reminders, watch the reports, then widen its remit once you trust it. Small start, fast confidence.

THE ONE DECISION TO MAKE THIS WEEK

You do not need to commit to a full rollout. Pick the single job that hurts most right now, the lunchtime gap, the after-hours calls, or the recall list that never moves, and let an agent take just that. The rest follows from what you learn.

When you are ready, the best next step is a short walkthrough where we build a realistic picture for your clinic: your numbers, your rules, and a clear view of what the agent would and would not do. No generic figures, no pressure.

Answer every call. Never cross the line.

A digital receptionist that works your phones, your recalls and your reminders, governed by your rules and kept firmly clear of clinical care. Built for Australian clinics.

TALK TO US

Agentic.ai
Book a 20-minute walkthrough for your clinic

ABOUT THIS GUIDE

General information only.
Not legal, privacy or clinical advice.
Confirm your obligations with the appropriate adviser.